

MAIL THE TOP TWO COPIES TO YOUR <u>LOCAL</u> HEALTH DEPARTMENT					
VIRGINIA DEPARTMENT OF HEALTH Confidential Morbidity Report					
Patient's Name (Last, First, Middle Initial):			SSN: _____-_____-_____		
Patient's Address (Street, City or Town, State, Zip Code):			Home #: (     ) _____-_____		
			Work #: (     ) _____-_____		
			City or County of Residence		
Date of Birth:	Age:	Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other (specify):		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
DISEASE OR CONDITION:				Case Status: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	Date of Onset:
Date of Diagnosis:	Death: <input type="checkbox"/> Yes <input type="checkbox"/> No Death Date:		Influenza: (Report # and type only. No patient identification). Number of Cases:                      Type, if known:		
Physician's Name:			Phone: (     )		
Address:					
Hospital Admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospital Name:			
Date of Admission:		Chart ID No:			
Laboratory Information and Results					
Source of Specimen:			Date Collected:		
Laboratory Test:					
Results:					
Name/Address of Lab:					
CLIA Number:					
Other Information					
Comments: (E.g., Risk Situation [Food Handling, Patient Care, Day Care], Treatment [including dates], Immunization Status [including dates], Signs/Symptoms, Exposure, Outbreak Associated, etc.)					
For Health Department Use:			Date Received:		
Name, Address, and Phone Number of Person Completing This Form:			Date Reported:		
			Check here if you need more of these forms, or call your local health department. <input type="checkbox"/> (Be sure your address is complete.)		

**Please complete as much of this form as possible.**

Form Epi-1, 11/98

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Please report the following diseases (and any other disease or outbreak of public health importance) in the manner required by Section 32.1-36 of the Health Laws of Virginia and 12 VAC 5-90-80 of the Board of Health *Regulations for Disease Reporting and Control*. Enter as much information as possible on the reporting form.

Acquired immunodeficiency syndrome (AIDS)	Lyme disease
Amebiasis *	Lymphogranuloma venereum
ANTHRAX *	Malaria *
Arboviral infection*	MEASLES (Rubeola) *
BOTULISM *	MENINGOCOCCAL INFECTION *
Brucellosis *	Mumps *
<i>Campylobacter</i> infection *	Ophthalmia neonatorum
Chancroid *	OUTBREAKS, ALL (including foodborne,
Chickenpox	nosocomial, occupational, toxic substance-
<i>Chlamydia trachomatis</i> infection *	related, waterborne, and other outbreaks)
CHOLERA *	PERTUSSIS (Whooping cough) *
Cryptosporidiosis *	PLAGUE *
Cyclosporiasis *	POLIOMYELITIS *
DIPHTHERIA *	PSITTACOSIS
Ehrlichiosis	RABIES, HUMAN AND ANIMAL *
<i>Escherichia coli</i> O157:H7 and other	Rabies treatment, post-exposure
enterohemorrhagic <i>E. coli</i> infections *	Rocky Mountain spotted fever
Giardiasis *	Rubella (German measles), including congenital
Gonorrhea *	rubella syndrome *
Granuloma inguinale	Salmonellosis *
HAEMOPHILUS INFLUENZAE INFECTION,	Shigellosis*
INVASIVE *	Streptococcal disease, Group A, invasive *
Hantavirus pulmonary syndrome	Syphilis (report PRIMARY and SECONDARY
Hemolytic uremic syndrome (HUS)	syphilis by rapid means) *
Hepatitis, Acute Viral	Tetanus
HEPATITIS A *	Toxic shock syndrome
Hepatitis B *	Toxic substance related illnesses
Hepatitis C	Trichinosis *
Other Acute Viral Hepatitis	TUBERCULOSIS DISEASE (MYCOBACTERIA *-)
Human immunodeficiency virus (HIV) infection *	Tuberculosis infection in children age <4 years
Influenza *¶	(Mantoux skin test reaction ≥ 10 mm)
Kawasaki syndrome	Typhoid fever
Lead - elevated blood levels *‡	Typhus
Legionellosis *	Vancomycin-resistant <i>Staphylococcus aureus</i> *
Leprosy (Hansen disease)	<i>Vibrio</i> infection *
Listeriosis *	YELLOW FEVER

UPPER CASE indicates conditions that must be reported rapidly to the local health director via telecommunication. Report all other diseases within seven days of diagnosis.

\*These conditions are reportable by directors of laboratories. These and all other conditions are reportable by physicians and directors of medical care facilities as well.

¶Physicians and directors of medical care facilities should report influenza by number of cases only (and type of influenza, if available).

-AFB on smear, speciation, and drug susceptibility.

‡Venous blood lead level ≥ 10 µg/dl in a child under age 16 years or ≥ 25 µg/dl in a person 16 years of age or older.

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